



National Advisory Council on Migrant Health

February 20, 2009

The Honorable Acting Secretary Charles Johnson
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Acting Secretary Johnson:

Since our last communication with your office, the Secretary of Health and Human Services' National Advisory Council on Migrant Health (Council) has held two very exciting meetings to discuss the health needs of migrant and seasonal agricultural workers in the United States. During the first of these two meetings, which was held in November 2008, the Council had the privilege of hearing testimonies from frontline health care workers—including administrators, clinicians, outreach professionals, and *Promotoras* (lay health workers). Our second meeting, held recently in February 2009, built upon the issues identified from the testimonies and then advanced discussion by identifying those health and health-related issues that are seen by the Council as most critical to the future of migrant/seasonal farmworkers' (MSFWs) health over the coming decade. These discussions yielded overlap between meetings, as well as with issues raised in the past; they also led to new issues which we believe are critical to the Health Resource and Services Administration's (HRSA) central role of assuring access to care for farmworkers and their families.

Below we make recommendations, for your consideration, based upon four key discussion topics that either recurred frequently across Council members (and therefore geographic regions of the U.S.) and/or were affirmed by testimonies heard. Moreover, we highlight, for your attention, the Council's expectation that steps taken to address these four items regarding MSFWs and their families in the U.S. will result in:

1. improved health services access,
2. improved quality of health services delivered, and
3. improved demographic knowledge.

Underlying each of these recommendations is recognition that the health and services needs, as well as the vulnerability of migratory and seasonal agricultural workers, are unique among U.S. populations. This unique vulnerability results from their heightened intra- and international mobility, physical demand of their work, social and geographic isolation, provider-patient language barriers, and high rates of financial impoverishment.

Therefore, the Council recommends the following areas for your consideration:

1. **Improve the availability of services delivered in the Migrant Health Programs to a larger proportion of the population of migrant and seasonal farmworkers.**
Improved access to health care services is the key goal of this recommendation. The Council identified the following two specific actions that it believes are the next steps towards achieving this goal:
 - a. ***Require that all Migrant Health Programs provide comprehensive, family centered Dental Health Care Services.*** This is an area in which farmworkers experience their greatest access barriers and unmet health needs; it is also brought up as one of the main causes of infirmity and/or death among MSFWs and their families, in particular children. We believe this will improve the availability of effective and successful health services to MSFWs and their families.
 - b. ***For Migrant Health Programs seeking to expand their medical capacity, reduce the minimum expected increase of farmworkers to be served upon expansion to '500 or 10% whichever is less', rather than the current increase of 1000.*** This reduction in the expected numbers of farmworkers to be served as a result of a program expansion will allow Migrant Health Programs greater flexibility to meet and be responsive to short-term changes in population dynamics that result from such characteristics as shifts in their migration pattern. This will also allow Migrant Health Program grantees to meet the application eligibility standards.
2. **Expand multidisciplinary provider participation in the National Health Service Corps (NHSC).** The Council recognizes the need to increase the quantity of providers—and recommends developing and expanding programs designed to attract and to train students early in both pre-medical and medical training programs, nursing programs, dental programs, school of psychiatry programs as well as the quality of providers—by ensuring cultural competence and relevance among those health care professionals recruited. These courses of action will ensure the availability of a disciplinary diverse and culturally competent health care workforce to serve MSFWs and their families.
3. **Stimulate and systematize the use of information technology within and among Migrant Health Programs locally, regionally, and nationally.** Provider-patient language barriers and heightened intra- and international mobility among farmworkers places them at heightened risk of loss of continuity of health care, loss of public health insurance benefits, and missed opportunities to prevent long-term sequelae of acute conditions. For example, greater use of information technology can reduce barriers currently encountered as a result of lack of portability of medical records and insurance benefits, and can increase the availability of health care that is seamless, uninterrupted, and appropriate when farmworkers travel across state and international borders. It is further recommended that the technology used worldwide for information exchange within the banking system be investigated and replicated in terms of utilization for accessibility and exchange of medical information.

4. **Create and fund a Center for the Study of Migrant Health.** The Council recognizes both the long-standing lack of scientifically-based information about farmworkers' health status and barriers to care. In addition, the Council acknowledges the need to better characterize and account for health outcomes of MSFWs and their families—such as patient satisfaction, and health-related population characteristics, i.e., migration patterns and changing demographic trends. Key demographic trends discussed include shifting migration patterns and greater linguistic variation among workers and their families—including the increased encounter of speakers of indigenous languages. The Council recognizes the potential for such a center to add to the empirical knowledge base, as well as to make use of existing databases that include farmworkers in order to inform decision making by policy and program developers. Moreover, such a center could develop, nurture, and sustain a network of new and seasoned scientists interested in the health needs of migratory and seasonal farmworkers while connecting them to the network of direct service providers for this population.

These recommendations are humbly submitted on behalf of your National Advisory Council on Migrant Health. We appreciate and thank you for your consideration of these recommendations.

Sincerely,

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